



For Hire Driver Application
Records and Licensing Services Division
Must Apply in Person at
500 Fourth Avenue Room 403, Seattle WA 98104
****APPLICATIONS NOT ACCEPTED AFTER 3:30 PM****

New - Renewal – Reactivate
(circle one)

Office Use Only	
FH#	
License Type	
Company	
Owner of Cab	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cab #	

Type or Print: First Name		Middle Name		Last Name	
Previous Names or Aliases			Email		
Home Address (Number, Street, Apartment number)					
City		State	Zip Code	Social Security Number:	
Mailing Address (Number, Street, Apartment number) <i>If different than above.</i>					
City		State	Zip Code	I attest, under penalty of perjury, that I am (check one): Note proof is required. <input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen of the United States <input type="checkbox"/> A lawful permanent resident (Alien#) _____ <input type="checkbox"/> An alien authorized to work (Alien or Admission #) _____ until (Expirations date, if applicable – Month/Day/Year) _____	
Home Phone #		Cell Phone #			
Driver’s License (DL) Number		DL Expiration			
Place of Birth		Date of Birth			
Has your Driver’s License ever been suspended or revoked? <input type="checkbox"/> *Yes <input type="checkbox"/> NO - *If yes, for what reason?					
Race		Height	Weight	Hair Color	Eye Color

Have you had any moving traffic violations or accidents within the last 24 months **including** deferred, dismissed, tickets at fault/not at fault, pending or other status? ☐ *Yes ☐ No ***If yes list below** (attach additional sheet if needed)

Date	Offense or Charge	City/State	Status

Have you been arrested, booked, cited, charged or convicted for any crime in the last 6 years **including** deferred, dismissed, pending or other status? ☐ *Yes ☐ No. ***If yes list below** (attach additional sheet if needed)

Date	Offense or Charge	City/State	Status

Can you speak, read and write the English language? ☐ Yes ☐ No

Are you required to register as a sex offender? ☐ Yes ☐ No

I certify under penalty of perjury under the laws of Washington State that the foregoing is true and correct. Omission of or false representation of a material fact is grounds for denial of my license. I understand there are **no refunds**. I acknowledge that I must comply with all requirements in King County 6.64 and Seattle Municipal 6.310 Codes before my for-hire driver license will be approved.

(Signature) _____ (Date) _____

Office Use Only					
Completed Date or N/A		Amount or Date		# or Date	
Background		KC License Fee	\$	Receipt #	#
KCSO Fingerprnt		KC Late Fee	\$	DBA#	#
Driving Record		City License Fee	\$	Temp Issued	YES or NO
Training		City Late Fee	\$	Expiration Date	
Assoc –Training		Fingerprint	\$	Date Issued	
Test Written		Training	\$	By Initials:	
Test Oral		Reschedule	\$		
Physical Date		Reschedule/date		Permanent License:	
Company Letter		Photo	\$	Expiration Date	
INS		Cash Paid	\$	Date Issued	
City License		Date Paid		By Initials	
Notes:					